

CHECKLIST FOR FILING AN APPLICATION FOR THE DISCHARGE OF POLLUTANTS INTO SURFACE WATERS OR GROUNDWATERS OF THE DELAWARE RIVER BASIN

PLEASE COMPLETE CHECKLIST AND ENCLOSE WITH THE APPLICATION.

If you need assistance, call the Project Review Section - (609) 883-9500, extension 216
or refer to the DRBC website at <http://www.nj.gov/drbc/>

Applicant Name: PennEast Pipeline Company, LLC

Existing Docket Number (if applicable): _____

Type of Application:

- ☐ Re-rate of Existing Wastewater Facility
- ☐ Renewal of Existing Wastewater Facility

New Discharge:

- ☐ Non-SPW
- ☐ Outstanding Basin Waters (OBW)
- ☐ Significant Resource Waters (SRW)
- ☒ Drainage Area to SPW

Modification of Existing Wastewater Facility:

- ☐ Expansion/Modification of Existing Discharge Facility
- ☐ Service Area Modification
- ☐ Outfall Modification
- ☐ TDS Determination
- ☐ Other

<u>ITEM</u>	<u>ENCLOSED</u>	<u>N/A</u>
1. Wastewater Facility Application	<input checked="" type="checkbox"/>	
• Location Map (Question 6).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Service Area Map (Question 7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Flood Plain Map (Question 9.g.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Wetland Certification (Question 11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Copy of applicable State Applications / Approvals (Question 12).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• SPW Projects (Questions 13. through 17.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Project Narrative	<input checked="" type="checkbox"/>	
3. "Applicant's Statement – Project Review Fee" form & fee	<input checked="" type="checkbox"/>	
4. N(J)PDES/SPDES Permit.....	<input type="checkbox"/>	
5. N(J)PDES/SPDES Permit application.....	<input type="checkbox"/>	
6. State Construction Application (WQMP, TWA, Plan Approval, WFCP)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. TDS Questionnaire	<input type="checkbox"/>	<input checked="" type="checkbox"/>



APPLICATION FOR THE DISCHARGE OF POLLUTANTS INTO SURFACE WATERS OR GROUNDWATERS OF THE DELAWARE RIVER BASIN

SECTION A: APPLICANT INFORMATION

1. General Information: (please print or type)

Applicant Name: PennEast Pipeline Company, LLC

Parent Corporation Name, if different: UGI Energy Services, LLC

Contact Name and Title: Anthony C. Cox

Mailing Address: UGI Energy Services, LLC

One Meridian Blvd, Suite 2C01

City: Wyomissing State: PA Zip: 19610

Telephone: 610-568-1374 Fax: _____

Email Address: acox@ugies.com

Representing Attorney Name, if applicable: Bryn L. Michaels

Mailing Address: UGI Corporation

460 North Gulph Road

City: King of Prussia State: PA Zip: 19406

Telephone: 610-992-3750 Fax: 610-992-3258

Email Address: michaelsb@ugicorp.com

Facility Address: N/A

City: _____ State: _____ Zip: _____

Township: _____ County: _____

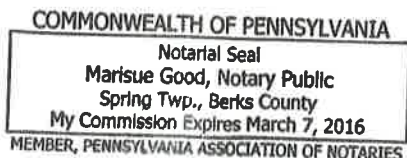
2. Affidavit:

State or Commonwealth of PA, County of Berks. I, Anthony C. Cox being duly sworn, according to law, depose and say that I have the authority to make this application and that the plans, reports and documents submitted as part of the application are true and correct to the best of my knowledge and belief.

Sworn and subscribed to before me this 29th day of January, 2016.

Marisue Good
Notary Public

Anthony C. Cox Alternate Manager
Signature and Title of Responsible Official



3. Consultant Information:

Name of Engineer: Wade Cope

Name of Firm: AECOM

Mailing Address: 4507 North Front Street

Suite 200

Harrisburg, PA 17110

Phone: 717-635-7901

Email Address: wade.cope@aecom.com

Signature of Consultant 

SECTION B: TYPE OF DISCHARGE**4. Type of Discharge:** (check all that apply)

- ☐ Municipal Wastewater
 ☒ Other Surface Water Discharge
- ☐ Industrial Wastewater
 ☒ Land Based/Groundwater Discharge:
- ☐ Non-Contact Cooling Water (NCCW)
 ☐ Spray Field
- ☐ Contact Cooling Water (CCW)
 ☐ Drip Irrigation
- ☐ Landfill Leachate
 ☐ Other: _____
- ☐ Water Treatment Plant Backwash

SECTION C: RECEIVING WATERBODY INFORMATION**5. Surface waterbody name:** Multiple locations throughout the basin

State surface waterbody use classification (Circle all that apply):

Pennsylvania	New Jersey	New York	Delaware
EV	FW1	A	ERES
HQ	FW2	AA	CWF
CWF	PL	A-S	SALW
WWF	TP	AA-S	FALW
MF	TM	B	
TSF	NT	C	
	SE	D	
	SC	T	
		TS	

See Project Narrative for Discharge LocationsQ₇₋₁₀ statistic: _____ (cfs) _____ (mgd)

Mean Harmonic Flow: _____ (cfs) _____ (mgd)

Nearest USGS Gage _____ (reference USGS gage used to calculate)

OUTFALL NO.	LATITUDE (N)	LONGITUDE (W)
UnT Black Creek	° ' "	° ' "
	° ' "	° ' "
	° ' "	° ' "
	° ' "	° ' "

SECTION D: SERVICE AREA

6. Attach a map (preferably USGS Quadrangle) which indicates the location of all treatment facilities and discharge locations.

See Section 2, Appendix B – Project Location Map

7. Enclose a service area map that includes a delineation of the existing service area and the proposed service area.

The discharge will be a one-time, temporary discharge from hydrostatic testing; therefore, this is not applicable.

8. Does the facility treat imported wastewater? If so, describe the volume treated and the source of imported wastewater.

The natural gas pipeline will not import waters from outside the basin.

SECTION E: FACILITIES DESCRIPTION

9. Wastewater disposal information:

- a. Describe the method of wastewater treatment and **attach** a line diagram of the treatment train:

See Project Narrative Sections 3.1.2, 3.2.2, and 3.3.2

- b. Describe the method of wastewater disposal:

☐ Surface water Discharge ☒ Land Based ☐ Groundwater

☐ Other: (describe) _____

- c. Existing Treatment Plant Information:

Treatment Plant:

Name or Owner: *N/A* _____

N(J)PDES/SPDES Permit No.: _____

Location: _____

City: _____ State: _____ Zip: _____

State-Permitted Hydraulic Design Capacity: _____ mgd

Flow that N(J)PDES/SPDES Permit limits are based on: _____ mgd

Current Operating Flow: _____ mgd (Average monthly flow from the previous 12 months).

- d. Proposed Treatment Plant Information:

Treatment Plant:

Name or Owner: N/A

N(J)PDES/SPDES Permit No.: _____

Location: _____

City: _____ State: _____ Zip: _____

State-Permitted Hydraulic Design Capacity: _____ mgd

Flow that N(J)PDES/SPDES Permit limits are based on: _____ mgd

Proposed Flow: _____ mgd

e. Importation/Exportation of Wastewater:

i. If the facility accepts wastewater from outside of the Delaware River Basin, please provide a demonstration that Section 2.30.6 of the Water Code is satisfied. (Attach at the end of the Application.)

The Project will not import water from outside of the Delaware River Basin.

ii. If the facility is exporting wastewater, please provide a demonstration that the wastewater is being transported to a permitted wastewater facility that has the capacity to treat the wastewater and a written statement from the permitted wastewater facility of said arrangement. (Attach at the end of the Application.)

The Project will not import export water outside of the Delaware River Basin.

f. Emergency Power

i. Does the existing facility have available standby power? Yes/No If yes, describe the current standby power system:

ii. Does the proposed facility have available standby power? Yes/No If yes, describe the proposed standby power system:

g. The applicant must submit a site map showing the locations of the 100-year flood plain and floodway boundaries (as indicated by the Flood Insurance Study for the project municipality) in relation to all structures. If a Flood Insurance Study has not been completed for the project municipality, supply a copy of the Official Flood Hazard Boundary Map of the site and indicate the locations of all structures (For more information see the Commission's Flood Plain Regulations).

A 100-year Floodplain Delineation is enclosed in Section 2, Appendix B.

h. How does the treatment facility handle sludge wastes? If they are taken off-site, please provide off-site facility?

Hydrostatic testing of the pipeline will neither produce nor handle sludge wastes. Disposal of HDD water is discussed in Project Narrative Section 3.2.2.

10. Public Water Supply: (for Treatment Facility's service area)

Owner/Operator of Public Water Supply: N/A

State Public Water Supply Water Allocation Permit No: _____

DRBC Docket/Permit No: _____

Location: _____

City: _____ State: _____ Zip: _____

SECTION F: ADDITIONAL INFORMATION

- 11.** Identify all wetlands that may be impacted by the project on a map. Wetlands are defined in the Commission's *Water Code* (Section 2.350.1) as those areas which are inundated by surface or ground water with a frequency sufficient to support a prevalence of vegetative or aquatic life that requires saturated soil conditions for growth and reproduction, or are delineated as wetlands by a signatory state. It is the policy of the Commission to support the preservation and protection of wetlands in accordance with Section 2.350.2 of the *Water Code*. Each application shall include a signed statement that the project is or is not located within a wetland as defined by applicable state and federal regulations.

Information on determining the presence or absence of wetlands can be obtained from the Army Corps of Engineers Philadelphia District Regulatory Branch:

http://www.nap.usace.army.mil/cenap-op/regulatory/wetlands_guidance.html

See Section 2, Appendix B – Wetland and Waterbody Delineation Maps, Section 2, Appendix D – Wetland Impact Tables, and Section 3 - Signed Wetlands Statement.

12. Prior or pending state or federal permits:

[illegible]

SECTION G: SPW PROJECTS

In 1992, the DRBC adopted SPW requirements, as part of the DRBC *Water Quality Regulations (WQR)*, designed to protect existing high water quality in applicable areas of the Delaware River Basin. One hundred twenty miles of the Delaware River from Hancock, New York downstream to the Delaware Water Gap has been classified by the DRBC as SPW. This stretch includes the sections of the river federally designated as "Wild and Scenic" in 1978 -- the Upper Delaware Scenic and Recreational River and the Delaware Water Gap National Recreation Area -- as well as an eight-mile reach between Milrift and Milford, Pennsylvania which is not federally designated. The SPW regulations apply to this 120-mile stretch of the river and its drainage area.

On July 16, 2008, the DRBC approved amendments to its *WQR* that designated the portion of the Delaware River and its tributaries within the boundary of the Lower Delaware River Management Plan Area as SPW. At that same time, clarity on definitions and terms were updated for the entire SPW program. For detailed information regarding the Commission's SPW program and regulations, please see the *WQR*.

13. Standby Power

- a. Does the existing facility have available standby power? Yes/No If yes, describe the current standby power system:
- b. Does the proposed facility have available standby power? Yes/No If yes, describe the proposed standby power system:

14. Remote Alarm System

- a. Is the existing facility staffed 24 hours per day? Yes/No. If no, does the facility have a remote alarm system that continuously monitors plant operations? Yes/No. If yes, describe:
PennEast anticipates continuous monitoring during the discharge.
- b. Will the proposed facility be staffed 24 hours per day? Yes/No. If no, will/does the facility have a remote alarm system that continuously monitors plant operations? Yes/No If yes, describe:
PennEast anticipates continuous monitoring during the discharge.

15. If the facility is existing, does the facility have an Emergency Management Plan (EMP) approved by the Commission? Yes/No.

The discharge will be a one-time, temporary discharge from hydrostatic testing; therefore, this is not applicable.

- a. If yes, what year was it approved? _____.
- b. If no, you must include an EMP as part of this Application. N/A

16. Grandfathered Loads

Due to the nature of the project, this section is not applicable.

- Which region of SPW does the facility discharge to? Upper Middle Lower (circle one)
- Was the facility in existence & discharging at the time of SPW designation (December 1992 for Upper or Middle and January 2005 for Lower)? Yes/No
- If yes, does the facility have Grandfathered Loads confirmed by the Commission for the measurable change (MC) parameters found below: Yes/No

Dissolved Oxygen	Fecal Coliform	Total Suspended Solids
Total Phosphorous	Ammonia-Nitrogen	Nitrite-Nitrate-Nitrogen
BOD5 *	Total Kjeldahl Nitrogen *	Total Nitrogen **

* Only applicable for Upper/Middle SPW

** Only applicable for Lower SPW

- If no, the applicant shall make their best effort to provide the Commission with monthly average effluent data (effluent flow & concentration) from the years prior to designation (1987-1991 for Upper and Middle or 2000-2004 for Lower) for as many of the MC parameters as possible by completing the tables below. This information may be used to establish the facility's grandfathered loads. In the absence of this information, the applicant should continue to complete the remainder of the Application.

Month (1987 or 2000)	D.O. (mg/l)	Fecal Coliform (cfu/100 ml)	TSS (mg/l)	TP (mg/l)	NH ₃ - N (mg/l)	NO ₃ - NO ₂ -N (mg/l)	BOD ₅ (mg/l)	TKN (mg/l)	TN (mg/l)	Effluent Flow (mgd)
Jan										
Feb										
March										
April										
May										
June										
July										
August										
Sept										
Oct										
Nov										
Dec										

Month (1988 or 2001)	D.O. (mg/l)	Fecal Coliform (cfu/100 ml)	TSS (mg/l)	TP (mg/l)	NH ₃ - N (mg/l)	NO ₃ - NO ₂ -N (mg/l)	BOD ₅ (mg/l)	TKN (mg/l)	TN (mg/l)	Effluent Flow (mgd)
Jan										
Feb										
March										
April										

Month (1988 or 2001)	D.O. (mg/l)	Fecal Coliform (cfu/100 ml)	TSS (mg/l)	TP (mg/l)	NH₃-N (mg/l)	NO₃-NO₂-N (mg/l)	BOD₅ (mg/l)	TKN (mg/l)	TN (mg/l)	Effluent Flow (mgd)
May										
June										
July										
August										
Sept										
Oct										
Nov										
Dec										

Month (1989 or 2002)	D.O. (mg/l)	Fecal Coliform (cfu/100 ml)	TSS (mg/l)	TP (mg/l)	NH₃-N (mg/l)	NO₃-NO₂-N (mg/l)	BOD₅ (mg/l)	TKN (mg/l)	TN (mg/l)	Effluent Flow (mgd)
Jan										
Feb										
March										
April										
May										
June										
July										
August										
Sept										
Oct										
Nov										
Dec										

Month (1990 or 2003)	D.O. (mg/l)	Fecal Coliform (cfu/100 ml)	TSS (mg/l)	TP (mg/l)	NH₃-N (mg/l)	NO₃-NO₂-N (mg/l)	BOD₅ (mg/l)	TKN (mg/l)	TN (mg/l)	Effluent Flow (mgd)
Jan										
Feb										
March										
April										
May										
June										
July										
August										
Sept										
Oct										
Nov										
Dec										

Month (1991 or 2004)	D.O. (mg/l)	Fecal Coliform (cfu/100 ml)	TSS (mg/l)	TP (mg/l)	NH₃-N (mg/l)	NO₃-NO₂-N (mg/l)	BOD₅ (mg/l)	TKN (mg/l)	TN (mg/l)	Effluent Flow (mgd)
--------------------------------	-----------------------	---------------------------------------	----------------------	---------------------	-----------------------------------	--------------------------------------------------	----------------------------------	----------------------	---------------------	-------------------------------

Month (1991 or 2004)	D.O. (mg/l)	Fecal Coliform (cfu/100 ml)	TSS (mg/l)	TP (mg/l)	NH ₃ - N (mg/l)	NO ₃ - NO ₂ -N (mg/l)	BOD ₅ (mg/l)	TKN (mg/l)	TN (mg/l)	Effluent Flow (mgd)
Jan										
Feb										
March										
April										
May										
June										
July										
August										
Sept										
Oct										
Nov										
Dec										

17. For a New or “Expanding Wastewater Treatment Project” or for projects proposing “Substantial Alterations or Additions”, the following may apply:

The discharge will be a one-time, temporary discharge from hydrostatic testing of the pipeline with no treatment system in place; therefore, this is not applicable.

- Direct dischargers to OBW or SRW “must evaluate all non-discharge load reduction alternatives for all or a portion of the incremental load”
- Direct dischargers to OBW/SRW/tributaries to SPW “must evaluate natural treatment alternatives (NTA) for all or a portion of the incremental load
- Direct dischargers to SRW will require “the Commission..... to make a determination that the project is in the public interest”
- For direct dischargers to OBW or SRW, “the minimum level of treatment to be provided for the incremental discharge is” the Commission’s “Best Demonstrable Technology (BDT)” requirement
- Direct dischargers to OBW/SRW/tributaries to SPW ”must demonstrate that the project will cause no measurable change (NMC) to Existing Water Quality (EWQ)”

The applicant shall attach a report titled “Selected Discharge Alternative” which contains a description of how the proposed project meets each of the above applicable requirements.

18. Non-Point Source Pollution Control Plan (NPSPCP)

The applicant shall provide a description of how the proposed project controls the new or increased non-point source loads generated within the portion of the project's service area which is also located within the drainage area of SPW. In general, a NPSPCP shall consist of an **Erosion and Sediment Control Plan** and a **Post Construction Stormwater Management Plan**.

The Soil and Erosion Control Plan Drawings and Post-Construction Stormwater Management Plan Drawings will be provided following submittal to the Pennsylvania Department of Environmental Protection, County Conservation Districts, New Jersey Department of Environmental Protection, and Soil Conservation Districts, as applicable.